

201504711

AP20 Rec'd PTO 26 JUN 2006

Application Data Sheet

**Application Information**

Application number:: Unknown  
Filing Date:: June 26, 2006  
Application Type:: Regular  
Title:: COMPACT ORONASAL  
PATIENT INTERFACE  
Attorney Docket Number:: 4398-555  
Total Drawing Sheets:: 58  
Small Entity?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Aaron  
Family Name:: DAVIDSON  
City of Residence:: Newport  
Country of Residence:: New South Wales, Australia  
Street of mailing address:: c/o ResMed Limited, 1 Elizabeth MacArthur Drive  
City of mailing address:: Bella Vista  
Country of mailing address:: New South Wales,  
Australia  
Postal or Zip Code of mailing address:: 2153  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Michael  
Family Name:: GUNARATNAM  
City of Residence:: Marsfield  
Country of Residence:: New South Wales, Australia

Street of mailing address:: c/o ResMed Limited, 1 Elizabeth MacArthur Drive  
City of mailing address:: Bella Vista  
Country of mailing address:: New South Wales,  
Australia  
Postal or Zip Code of mailing address:: 2153  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Susan  
Family Name:: LYNCH  
City of Residence:: Epping  
Country of Residence:: New South Wales, Australia  
Street of mailing address:: c/o ResMed Limited, 1 Elizabeth MacArthur Drive  
City of mailing address:: Bella Vista  
Country of mailing address:: New South Wales,  
Australia  
Postal or Zip Code of mailing address:: 2153  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Milind  
Family Name:: RAJE  
City of Residence:: Wentworthville  
Country of Residence:: New South Wales, Australia  
Street of mailing address:: c/o ResMed Limited, 1 Elizabeth MacArthur Drive  
City of mailing address:: Bella Vista  
Country of mailing address:: New South Wales,  
Australia  
Postal or Zip Code of mailing address:: 2153  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia and Britain

Status::	Full Capacity
Given Name::	Gary
Family Name::	ROBINSON
City of Residence::	East Killara
Country of Residence::	New South Wales, Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth MacArthur Drive
City of mailing address::	Bella Vista
Country of mailing address::	New South Wales, Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Steven
Family Name::	LUBKE
City of Residence::	Stanmore
Country of Residence::	New South Wales, Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth MacArthur Drive
City of mailing address::	Bella Vista
Country of mailing address::	New South Wales, Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Gregory
Family Name::	SMART
City of Residence::	Randwick
Country of Residence::	New South Wales, Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth MacArthur Drive
City of mailing address::	Bella Vista

Country of mailing address:: New South Wales,  
Australia

Postal or Zip Code of mailing address:: 2153

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: Philip

Family Name:: KWOK

City of Residence:: Chatswood

Country of Residence:: New South Wales, Australia

Street of mailing address:: c/o ResMed Limited, 1 Elizabeth MacArthur Drive

City of mailing address:: Bella Vista

Country of mailing address:: New South Wales,  
Australia

Postal or Zip Code of mailing address:: 2153

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: Rupert

Family Name:: SCHEINER

City of Residence:: Davidson

Country of Residence:: New South Wales, Australia

Street of mailing address:: c/o ResMed Limited, 1 Elizabeth MacArthur Drive

City of mailing address:: Bella Vista

Country of mailing address:: New South Wales, Australia

Postal or Zip Code of mailing address:: 2153

#### **Correspondence Information**

Correspondence Customer Number:: 23117

**Representative Information**

Representative Customer Number:: 23117

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An Application	60/533,214	12/31/2003
	claiming the benefit		
	under 35 USC 119(e)		

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
		DAY/MONTH/YEAR	
PCT	PCT/AU2004/001832	24 December 2004	Yes

**Assignee Information**

Assignee Name:: ResMed Limited  
Street of mailing address:: 1 Elizabeth MacArthur Drive  
City of mailing address:: Bella Vista  
Country of mailing address:: New South Wales, Australia  
Postal or Zip Code of mailing  
Address:: 2153